

**510(k) SUMMARY OF SAFETY AND EFFECTIVENESS**

In accordance with the requirements of the Safe Medical Act of 1990 and 21 CFR 807.92, OsteoBiologics, Inc. is hereby submitting the 510(K) Summary of Safety and Effectiveness for the ACTAEON™ Probe, 510(k) Number K013429.

Submitter: OsteoBiologics, Inc.  
University Business Park  
12500 Network, Suite 112  
San Antonio, TX 78249-3308  
Tel: (210) 690-2131 Fax: (210) 690-2559

Contact Person: Mark Q. Niederauer, Ph.D., Director of Operations

Date (summary prepared): October 15, 2001

Trade Name: ACTAEON™ Probe

Common Name: Arthroscopic Cartilage Stiffness Tester

Description of Device: The ACTAEON™ Probe is a hand-held device which when activated by the user measures the reaction force (resistance) of articular cartilage against a known rate and force of indentation applied by the disposable indenting tip of the device.

Indications for Use: The ACTAEON™ Probe arthroscopic cartilage stiffness tester is indicated for an arthroscopic *in vivo* point measurement of articular cartilage stiffness in humans. The ACTAEON™ Probe can be used arthroscopically or in open joint procedures.

Testing Summary: The ACTAEON™ Probe is designed to meet and comply with all sections of IEC 60601.

Predicate Device: Artscan 200 Arthroscopic Cartilage Stiffness Tester  
Artscan Oy, Helsinki, Finland



Food and Drug Administration  
9200 Corporate Boulevard  
Rockville MD 20850

JAN 11 2002

OsteoBiologics, Inc.  
Mark Q. Niederauer, Ph.D.  
Director of Operations  
University Business Park  
12500 Network, Suite 112  
San Antonio, Texas 78249-3308

Re: K013429

Trade Name: ACTAEON™ Probe  
Regulation Number: 888.1100  
Regulation Name: Arthroscope  
Regulatory Class: II  
Product Code: NGR  
Dated: October 15, 2001  
Received: October 16, 2001

Dear Dr. Niederauer:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and we have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

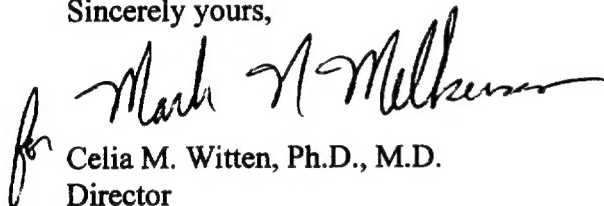
Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

Page 2 – Dr. Mark Niederauer:

This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801 and additionally 21 CFR Part 809.10 for in vitro diagnostic devices), please contact the Office of Compliance at (301) 594-4659. Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address <http://www.fda.gov/cdrh/dsma/dsmamain.html>

Sincerely yours,

A handwritten signature in black ink, appearing to read "Mark N. Melkerson". To the left of the signature is a small, stylized initial "for".

Celia M. Witten, Ph.D., M.D.  
Director  
Division of General, Restorative  
and Neurological Devices  
Office of Device Evaluation  
Center for Devices and  
Radiological Health

Enclosure

**2.4 INDICATIONS FOR USE (FORM)****INDICATIONS FOR USE**

510(k) Number (if known): (not known) K013429  
Device Name: ACTAEON™ Probe

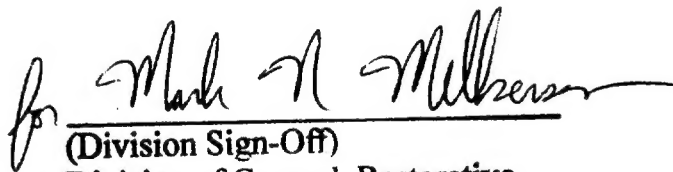
**Indications For Use:**

The ACTAEON™ Probe arthroscopic cartilage stiffness tester is indicated for an arthroscopic *in vivo* point measurement of articular cartilage stiffness in humans. The ACTAEON™ Probe can be used arthroscopically or in open joint procedures.

(PLEASE DO NOT WRITE BELOW THIS LINE - CONTINUE ON ANOTHER PAGE IF NEEDED)

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**Concurrence of CDRH, Office of Device Evaluation (ODE)**



(Division Sign-Off)  
Division of General, Restorative  
and Neurological Devices

510(k) Number K013429

Prescription Use X  
(Per 21 CFR 801.109)

OR

Over-The-Counter Use \_\_\_\_\_